Docket No.: A-527

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the invention entitled

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which is described an	d claimed in the specification	n which:	
	is attached hereto. was filed on as Application Serial No. and was amended on	(if applicable)	
•	ave reviewed and understared by any amendment referr	nd the contents of the above identified ed to above.	specification, including
•	ty to disclose information whi 37, Code of Federal Regulat	ich is material to the examination of this tions, § 1.56 (a).	application in
for patent or inventor'	s certificate listed below and	35, United States Code, § 119(a) of any have also identified below any foreign that of the application on which priority is	application for patent
	PRIOR FOR	REIGN APPLICATION(S)	
Country	Application Number	Filing Date (day, month, year)	Priority Claimed

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

PROVISIONAL A	APPLICATIONS(S)
Application Number	Filing Date (day, month, year)
60/105,371	October 23, 1998



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DECLARATION AND POWER OF ATTORNEY (cont'd)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the filing date of this application:

DATE STA
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<u>Power of Attorney</u>: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Ron K. Levy, Registration No.: 31,539; Steven M. Odre, Registration No.: 29,094; and Timothy J. Gaul, Registration No.: 33,111 said attorney(s)/agent(s) to have in addition full power of revocation, including the power to revoke any power herein granted.

Please send all future correspondence to:

Direct Telephone Calls To:

U.S. Patent Operations/TJG
Dept. 430, M/S 27-4-A
AMGEN INC.
One Amgen Center Drive
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Timothy J. Gaul Attorney/Agent for Applicant(s) Registration No.: 33,111 Phone: (805) 447- 2688

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or First Inventor:	Ulrich Feige
Inventor's Signature:	Date:
Residence and Post Office Address:	3117 Deer Valley Avenue, Newbury Park, California 91320 U.S.A.
	(Address, City, State, Zip Code, Country)
Citizenship:	

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DECLARATION AND POWER OF ATTORNEY (cont'd)

Full Name of Second Joint Inventor, if Any:	Chuan-Fa Liu	
Inventor's Signature:		Date:
Residence and Post Office Address: Citizenship:	1425 Clover Creek Drive, Longmont, Colo (Address, City, State	orado 80503 U.S.A. e, Zip Code, Country)
Full Name of Third Joint Inventor, if Any:	Janet C. Cheetham	
Inventor's Signature:		Date:
Residence and Post Office Address: Citizenship:	1695 East Valley Road, Montecito, Califor (Address, City, State	
Full Name of Fourth		
Joint Inventor, if Any:	Thomas Charles Boone	
Inventor's Signature:		Date:
Residence and Post Office Address:	3010 Deer Valley Avenue, Newbury Park,	
Citizenship:	U.S. Citizen	e, Zip Code, Country)